



REGISTRATION

Date: _____ Session: _____ Days/Times: Tuesdays 11:00am

Child's Name: _____ Age _____ DOB _____

Child's Name: _____ Age _____ DOB _____

Parent's Name: _____ Cell phone: _____

Address: _____ City _____ Zip _____

Email: _____ Alt phone # _____

Names of any other adult/s that may attend class with child:

_____ Relationship: _____

_____ Relationship: _____

Primary language(s) spoken at home: _____

Does your child have any special circumstances that would be helpful for the teacher to know about? Please explain:

How did you hear about us? _____

Session Tuition: \$ _____ per child per _____ week session.

See below for registration fees. Siblings that are 8 months and younger may join the class for free.

Session Tuition for each child \$ _____

Materials fee \$ _____

Registration Fees

New families \$25 each child \$ _____

Returning families \$15 each child \$ _____

Total \$ _____

Paid by check # _____

Credit Card (circle) Visa / MC # _____ Exp _____ CVV _____

Please send completed registration form with payment prior to start date to:

Sun and Stars Montessori School

1425 Oak Ave

St. Helena, CA 94574

(707) 967-1984

Thank you for joining the class!